Americans for Safe Access

ACTIVIST NEWSLETTER

Defending Patients' Access to Medical Marijuan

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United Nations Recognizes Medical Value of Cannabis

In a historic decision with global implications for drug policy, the United Nations Commission on Narcotic Drugs (CND) has reclassified cannabis to recognize its medical value. The 53 member states of the CND voted 27 to 25 with one abstention in favor of adopting the World Health Organization's (WHO) recommendations to remove cannabis and its resin from the most restricted international category, Schedule IV. The U.S. voted in favor of the change.

Under the UN Single Convention on Narcotic Drugs of 1961, Schedule IV drugs are classified as highly dangerous substances of abuse with no therapeutic value. This classification corresponds with Schedule I under the U.S. Controlled Substances Act of 1970.

ASA and its program the International Medical Cannabis Patients Coalition (IMCPC) have been fighting to deschedule cannabis at the United Nations for over a decade. In 2016 ASA and the IMCPC produced an independent critical review of cannabis that was delivered to the UN, showing that cannabis and its derivatives were improperly classified. Following that, the WHO's Expert Committee on Drug Dependence (ECDD) began a pre-review of the science and policies on medical cannabis.

As an independent, scientific advisory body, the ECDD was able to conduct a rigorous, evidence-based, multi-year review that resulted in the WHO recommending to the UN that cannabis and its resin be removed from Schedule IV.

The CND decision to reclassify puts pressure on US federal agencies and elected officials to reconsider the 50-year-old law on cannabis, which does not recognize the differences between medical and recreational use and makes activities authorized by state medical cannabis programs federal crimes.

Landmark Bipartisan MORE Act Passes in House

In a historic vote, the U.S. House of Representatives passed the bipartisan Marijuana Opportunity Reinvestment and Expungement Act (MORE Act). The bill moves to the Senate for consideration. If enacted, the MORE Act would remove cannabis from drug control scheduling and enable a national approach to safe access.

HR 3884, which was introduced by Rep. Jerrold Nadler (D-NY), would decriminalize cannabis at the federal level. Among other benefits, it would allow patients to travel across state lines with their cannabis without fear of punitive law enforcement intervention, fines or jail.

ASA worked closely with Rep. Lou Correa's (D-CA) office to add language that authorizes research on the mental and physical health applications of cannabis to veterans. The amendment incorporated provisions from Rep. Correa's VA Medical Cannabis Research Act of 2019, which had not received a vote.

"ASA has been working 18 years for this," said ASA executive director Debbie Churgai. "The MORE Act is a signal to medical cannabis patients that their voices have finally been heard in Congress. Now we need the Senate to take the next step."

The MORE Act would introduce federal oversight over key components of medical cannabis policy that states have struggled with, such as laboratory testing, labeling standards, and businesses practices.

The MORE Act has been sent to the Senate. If it is not passed by January 20, the bill will have to be reintroduced in the new Congress.

House Passes the Medical Marijuana Research Act

On December 9, the U.S. House of Representatives passed by a voice vote HR 3797, the Medical Marijuana Research Act of 2019, which would remove many existing barriers to research that can benefit patients. The bill is now in the Senate.

If enacted, the bipartisan legislation introduced by Reps. Earl Blumenauer (D-OR) and Andy Harris (R-MD) would enable researchers to study the cannabis products that patients and consumers are using in state programs. Currently, researchers must use cannabis supplied by the National Institute on Drug Abuse (NIDA), which has been criticized for being of low quality and differs substantially from what consumers are using today. The supply of research cannabis from NIDA has also been limited and difficult to obtain.

The bill would direct the U.S. Department of Health and Human Services to issue a report on the results of medical cannabis research.

To go into effect, the Medical Marijuana Research Act will have to pass the Senate during the lame duck session between now and when the new Congress takes over in January.

PFC Continues Work Despite Pandemic

The pandemic prevented ASA's Patient Focused Certification staff from attending the conferences and events, but PFC was able to participate in a number of notable online events. The International Cannabis Bar Association, MJBiz, ASTM, Analytical Cannabis, Abilities Expo, Social Impact Center, and the Hemophilia Foundation of Northern California, to name a few, heard about the value of third-party certification.

Despite limitations on travel, PFC was able to certify four new businesses to the PFC standard, including four laboratories through the dual PFC/ISO 17025 accreditation program with A2LA. Dual certification was earned by PhytaTech (Kaycha Labs), Viridis Laboratories, Keystone State Testing, and CannaSafe Analytics. CannaSafe also obtained the first PFC Health and Sanitation certification.

Six companies with pending certification are expected to complete it in 2021: YouGroGurl, Nuka Foods, The Botanical Company, ForwardGro, ForwardExtract, and PA Options for Wellness.

The PFC standard was revamped in 2020 to meet today's industry needs, and the new standard is currently being reviewed and approved by the PFC Review Board. In addition to updating the PFC Standard, by the end of the year PFC will finish updates to some of the State Compliance Training courses, including Pennsylvania, Maryland, and the District of Columbia. PFC is also in the process of completing updates to our Core Cannabis Training and National Cannabis Standards Training.

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Activist Profile: Kenzi Riboulet-Zemouli, Barcelona, Spain

The major victory medical cannabis advocates won last month at the UN Commission on Narcotic Drugs (CND) was the result of long years of efforts by many advocates from around the world. One of the tireless champions of patient rights who worked to achieve this is Kenzi Riboulet-Zemouli, a French-Algerian researcher who lives in Barcelona.

Kenzi is one of many collaborators with ASA and other advocates who pressed the 53 member states of the CND to accept the recommendations of the World Health Organization's expert review of cannabis and cannabis extracts. Among Kenzi's projects is the CND Monitor website, where information about international drug scheduling is available.

Kenzi became interested in cannabis policies in 2011 as part of a general interest in the human rights problems associated with drug prohibition. That's when he met U.S. cannabis patient-advocate Michael Krawitz, who is executive director of Veterans for Medical Cannabis Access. From Michael, Kenzi says he learned useful strategies for navigating the bureaucracy of the U.S. federal government, strategies that proved useful in wrestling with the U.N.

"The U.S. is a bureaucratic monster," says Kenzi. "But the U.N. is a series of bureaucratic monsters."

After meeting Michael, ASA founder and President Steph Sherer, and members of other NGOs working on drug policy in Geneva at the WHO and UN, Kenzi got drawn further into the world of international drug policy. In 2015, he decided to devote himself to the issue full

time, founding a non-profit, non-partisan and non-governmental international advocacy and research organization known as FAAAT (For Alternative Approaches to Addiction, Think & do tank) that was active until last year working on policies of addiction and controlled/illicit drugs, plants, products or substances liable to produce harms or health disorders.

"I was concerned with the devastating impact of drug policies generally, the criminalization of behaviors instead of helping them manage their conditions," says Kenzi. His awareness of the medicinal potential of cannabis dawned slowly.

"I had been influenced by the propaganda mainstreamed for almost a century," Kenzi says. "I was aware of medical use, but thought it was for milder conditions. I was unaware of the actual pharmacological effects on many more conditions than those used by opponents to pretend that it is fake medicine."

Then he met actual patients who were cured or managed difficult medical conditions with cannabis. Kenzi came to believe that the most pressing issues are medical access issues.

"This is an emergency, a human rights issue," Kenzi says. "Full legalization comes after medical, after the benefits become clearer and people see how we can handle it, that will help change attitudes."

His work with patients has changed Kenzi's attitude about his own cannabis use. He found it useful for the insomnia that runs in his family and his anxiety, but those conditions seemed too trivial to be serious. The patients he talked to helped him see that he was actually a patient, too--another human being deserving of care and relief from suffering.

Once the WHO and UN recognize cannabis as not just medical but as a legitimate medicine, Kenzi believes the mechanism of human rights will then oblige member states to reform prohibitionist policies. The CND decision this month enables radical change in drug policy but does not directly create it because international drug scheduling and the controlling treaty are complex and interconnected. It's not as simple as descheduling in the U.S.

"Moving cannabis out of Schedule IV is the first step," he says. "Then the treaty must change. That is up to governments to change. That takes political steps."

The challenge is, Kenzi says, to move beyond old postcolonial concerns to a modern kind of treaty that reflects contemporary national law and is fully based on access for patients. The current approach was created by the U.S.'s "just say no" prohibitionist eradication strategy that seeks to eliminate all illicit drugs.

Now that this chapter with the CND draws to a close, Kenzio is turning to human rights and the environment, intellectual property and health, and the preservation of traditional medicines and cannabis cultures.

He wants to create tools for traditional cannabis communities, both rural and urban, to avoid the destruction of their cannabis-related traditions, cultures and landraces.

Action Alert: Give Your Rep Feedback on the MORE Act

Let your Representative in the House know how you feel about their vote on the historic MORE Act. Following its historic passage, Congressmembers need to hear from the medical cannabis voters they represent, no matter how they voted. Just enter your name and address, and we'll provide you with an example letter either thanking or correcting them, based on how they voted. Add your name and your personal message so that they know we care about their votes on medical cannabis. Take action today at **www.safeaccessnow.org/more_act_passes**.

ASA Updates Travel Guide

The pandemic has limited travel for many people, but for medical cannabis patients who are embarking on trips, it is still important to be aware of the legal aspects.

Following the 2020 general election, there are now 48 US states and four territories with some form of a medical cannabis access, as well as 13 states and the District of Columbia that now permit adult-use.

ASA has updated its Medical Cannabis Patient's Guide for US Travel with the new changes in state laws and reciprocity between states. Patients who travel for personal or employment reasons can find answers about how to access medical cannabis in an unfamiliar place at www.safeaccessnow.org/travel.

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